ACHIEVE ADOPTION SERVICES THROUGH COLLABORATIVE PARTNERSHIPS PERSONNEL EXPENSE FORM

AGENCY/PROGRAM NAME	_ CONTRACT	RFP-08-059
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NAME AND TITLE	% OF TIME (spent on the funded project)	GROSS SALARY	SALARY EXPENSE (VDSS Funds Requested)	FICA	WORK. COMP.	LIFE INS.	HEALTH INS.	OTHER (IDENTIFY)	TOTAL ANNUAL BENEFITS	BENEFITS MONTHLY EXPENSES
TOTALS:										